

FIRST APPEAL DETAILS(प्रथम अपील विवरण)			
Registration Number (पंजीकरण संख्या) :	FSOID/A/E/24/00041	Date of Receipt (प्राप्ति की तारीख) :	18/08/2024
Type of Receipt (रसीद का प्रकार) :	Online Receipt	Language of Request (अनुरोध की भाषा) :	English
Name (नाम) :	Kumar Kalbande	Gender (लिंग) :	Male
Address (पता) :	C/O Dr B B Kalbande, Rathi Lay Out, Katol, Katol Nagpur		
State (राज्य) :	Maharashtra	Country (देश) :	India
Phone Number (फोन नंबर) :	+91-9356009568	Mobile Number (मोबाईल नंबर) :	+91-9356009568
Email-ID (ईमेल-आईडी) :	kumarkalbande@gmail.com		
Status (स्थिति) :	Rural	Educational Status (शैक्षणिक स्थिति) :	Above Graduate
Is Requester Below Poverty Line ? (क्या आवेदक गरीबी रेखा से नीचे का है?) :	No	Does It Concern Life or Liberty of a person :	Details not provided.
RTI Request Registration No(सूचना का अधिकार अनुरोध पंजीकरण सं.) :	FSOID/R/T/24/00032	RTI Request Registration Date(सूचना का अधिकार अनुरोध पत्र दिनांक) :	16/05/2024
CPIO's Order/Decision No. (सीपीआईओ का आदेश / निर्णय संख्या) :	Details not provided	Date of Receipt of CPIO's Order/Decision(सीपीआईओ के आदेश / निर्णय के रसीद की तारीख) :	Details not provided
Ground for Appeal(अपील का आधार) :	Provided Incomplete,Misleading or False Information	Reason for delay(if any) in filing this appeal(इस अपील को दायर करने में विलंब, यदि कोई हो, का कारण) :	N/A
Prayer or Relief Sought(प्रार्थना या अनुरोध की गई राहत) :	Please provide information for all 5 points as requested. The information provided is misleading having no relevance of current RTI.		

ACTION HISTORY OF RTI FIRST APPEAL No. : FSOID/A/E/24/00041				
Applicant Name (आवेदक का नाम)	Kumar Kalbande			
Text of Appeal (अपील का पाठ)	Please provide information for all 5 points as requested. The information provided is misleading having no relevance of current RTI.			
Reply of Appeal (अपील का उत्तर)	sought information has been provided by CPIO under RTI Act, 2005. Appeal disposed of.			
SNo. (क्रमांक)	Action Taken (कार्रवाई की गई)	Date of Action (कार्रवाई की तारीख)	Action Taken By(कार्रवाई के द्वारा लिया)	Remarks(टिप्पणी)
Print Close				

ACTION HISTORY OF RTI REQUEST No.FSOID/R/T/24/00032

Applicant Name Kumar Kalbande
Text of Application CPIO MOEFCC Please find attachment for details of RTI
Reply of Application please find attachment for sought information.

SN.	Action Taken	Date of Action	Action Taken By	Remarks
1	RTI REQUEST RECEIVED	16/05/2024	Nodal Officer	MOENF/R/E/24/00599
2	REQUEST FORWARDED TO CPIO	17/05/2024	Nodal Officer	Forwarded to CPIO(s) : (1) Sugandha Srivastava
3	REQUEST DISPOSED OF	10/06/2024	Sugandha Srivastava-(CPIO)	

[Print](#)

Please find the OPD Prescription of AIIMS in Annexure 2. Under Life and Liberty Clause, Please provide following information within 48 hours

- 1) True copies of Note Sheet for File No 17-11/2023-FE(E-216510) dated 3/5/2024
- 2) True copies of Name of the competent Authority
- 3) True copies of acknowledgement of reliving order by signature of Shri Kumar B Kalbande as per written claim by US.
- 4) True copies of necessary compliances intimated by DG FSI Dehradun recently
- 5) True copies of all the relevant documents including Notesheet

I am ready to pay legal charges

By email/Speed post

फा.सं17-11/2023.-एफ ई (ई - 216510)
भारत सरकार/Government of India
पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय
Ministry of Environment, Forest and Climate Change
(वन स्थापना अनुभाग/Forest Establishment Division)

इंदिरा पर्यावरण भवन,
Indira Paryavaran Bhawan,
छठा तल, जल स्कंध, अलीगंज, जोरबाग रोड,
6th Floor, Jal Wing, Aliganj, Jorbagh Road,
नई दिल्ली/New Delhi - 110003.
दिनांक : 02.05.2024.

To,

Sh. Kumar Kalaband,
JTA, FSI,
(Email:kumarkalbande@gmail.com,
sunandhabhashkarkalbande@gmail.com)

(Through Director, FSI Dehra Dun)

Subject: Representation of Sh. Kumar Kalbande- reg.

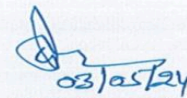
Sir,

I am directed to refer to your representations dated 22.04.2024, 19.04.2024, 05.04.2024, 01.04.2024, 04.03.2024, 01.03.2024, 28.02.2024, 27.02.2024, 27.02.2024, 22.12.2023 on the subject mentioned above and to inform you the following in pursuance of the stand of this Ministry already intimated to you vide letter dated 19.02.024 (copy enclosed).

- a. As you are already relieved by the FSI Regional Office, Nagpur, all personal claims/ requests will have to be processed for settlement as per the extant applicable rules by the Head of Office of the next duty station.
 - b. The FSI, D Dun has already intimated about the necessary compliance of the requirements of the RPWD Act 2016 in its premises in FSI Regional Office, Kolkatta.
 - c. It is reiterated that non reporting for duty after the expiry of the admissible joining time on transfer attracts the relevant provisions of the Service Rules/ CCS (Conduct) Rules / CCS(CCA) Rules.
 - d. All representations to the higher authorities are to be submitted through the prescribed channel of submission and a violation of which will attract the relevant provisions of the CSS Rules. Whilst advising the same, a copy of the DoPT OM No. 06.06.2013 in this regard is also enclosed.
2. This issues with the approval of the competent authority.

Encl: As above.

Yours faithfully,


03/05/24

(B.R. Meena)
Under Secretary to the Govt. of India
Tel. No. 011-20819272

OPD Prescription of AIIMS

		ALL INDIA INSTITUTE OF MEDICAL SCIENCE NAGPUR	
Plot No. 2, Sector - 20, MIHAN, Nagpur, Maharashtra, Pin: 441108		Email: info[at]aiimsnagpur[dot]edu[dot]in, aiimsnagpur1[at]gmail[dot]com	
Helpline No: 9404044944			
OPD Prescription			
Name	Kumar Kalbande	CR.NO	279162400424025
Age/Gender	M/ 39 Yr	Patient Category	GEN
Father/Spouse Name	Bhaskar	Visit Date	17/04/2024
Occupation		Mobile No.	9356009568
Department(Unit/Consultant)	Orthopaedics(General Ortho and trauma Unit 1)/General Ortho and trauma Unit 1	Unit Head	Samir Dwidmuthe
OPD Days	Mon, Wed, Fri / सोम, बुध, शुक्र		



CHIEF COMPLAINT : left ll weakness , DIFFICULTY IN WALKING ,

HISTORY OF PRESENT ILLNESS : SINCE 7 DAYS

h/o RTA 2 YRS BACK

H/O LOC/ ? ANXIETY NEUROSIS FOR WHICH PATIENT WAS ADMITTED FOR 1 DAY

H/O RIGHT SCAPHOID FRACTURE OPERATED WITH HERBERT SCRE

H/O LEFT ? NECK OF FEMUR FRACTURE OPERATED WITH DHS AND DEROT

EXAMINATION:

- Local Examination: HYPERLAXITY + DECREASED SENSATION IN L2 L3 L4 L5 S1 S2 BOWEL / BLADDER NORMAL LEFT ANKLE DORSIFLEXION - POWER 3 LEFT EHL 2 LEFT KNEE EXTENSION 4

INVESTIGATION ADVICE : MRI LS SPINE WITH WSS

TREATMENT ADVICE : PATIENT NOT ABLE TO WALK

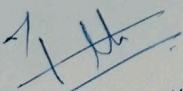
CAN BE CONSIDERED FOR WHEELCHAIR ASSISTANCE

AVOID FORWARD BENDING

AVOID WEIGHT LIFTING

PATIENT DOES NOT WANT TO GET ADMITTED CURRENTLY

CLINICAL NOTE : R/W WITH MRI REPORT URGENTLY



Signature of Consultant/Resident :
Dr Pratik Yuwaraj Shahare
17-Apr-2024 12:04

DR. PRATIK SHAHARE / डॉ. प्रतिक शाहारे
MBBS, MS, DNB (ORTHOPAEDICS)
SENIOR RESIDENT / वरिष्ठ निवासी
DEPARTMENT OF ORTHOPAEDICS / ऑर्थो रोग विभाग
AIIMS NAGPUR / एम्स नागपुर
MMC Reg. No. 2019/05/4258

- Neuro Surgery Ref (331)
- Psychiatry Ref

संख्या-13-7/2024-प्रशा0 - 622
भारत सरकार
भारतीय वन सर्वेक्षण
पो0ऑ0-आई0पी0ई0, कौलागढ़ मार्ग
देहरादून-248195

दिनांक 29 मई, 2024

सेवा में,

लोक सूचना अधिकारी
भारतीय वन सर्वेक्षण
कौलागढ़ मार्ग, देहरादून।

विषय:- RTI under the Right to information Act, 2005.

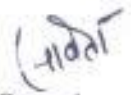
संदर्भ:- पत्र संख्या:-13-9/2024-आर0टी0आई0-523 दिनांक 22.05.2024.

महोदय,

उपरोक्त विषय के संदर्भ में सूचित किया जाता है कि Shri Kumar Kalbande, Maharashtra के आर0टी0आई0 आवेदन पत्र संख्या:-Registration No. FSOID/R/T/24/00032 दिनांक 16.05.2024 के द्वारा मांगी गई सूचना मांगकर्ता के आर0टी0आई0 आवेदन पत्र संख्या:-Registration No. FSOID/R/T/24/00030 दिनांक 16.05.2024 के द्वारा प्रेषित की जा रही है।

भवदीया,


30/05
Ravi Kumar


(सविता सेमवाल)
सहायक निदेशक (का0 एवं प्रशा0)